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OBSTETRICAL MEMORANDA.—CASES IN PRACTICE.

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DETACHED PLACENTA.

A memorandum of obstetrical cases for 1870 shows that I was called, September 17th, three miles in the country to visit Mrs. B., who had been attacked, about two days before, with a violent uterine hemorrhage near the close of her ninth pregnancy. I was engaged at the time with a case of labor in town, and was unable to see the woman for four hours afterward. I was now informed that she had suffered a severe fright about a week previous, by the falling of a grown daughter into a fainting fit; but that no hemorrhage of consequence appeared until the evening of the 15th, when an alarming irruption of blood took place, leaving the patient in a feeble and prostrate condition. A lady of the neighborhood, well versed in such emergencies, was immediately applied to, who prescribed the ergot and laudanum for the bleeding, as she has since informed me, on the representation of the husband that the woman was not expected to fall in labor for the next three weeks. To relieve her mind of all responsibility as to the unfortunate termination of the case, I assured her that on the representation made her prescription was precisely right, and like her, not being at any time present with the woman, I should have ordered, without hesitation, the very same treatment.

But an evident mistake had been made in the reckoning, as the patient was well advanced in labor. The opium had perceptibly impressed her, and she manifested a degree of listlessness and a disposition to somnolency. She was still bleeding at irregular and distant intervals, corresponding with the feeble efforts at uterine contraction. The waters had been discharged, the os was found largely dilated, and the placenta, totally separated, embraced in its enclosure. The mass could be pushed up by the side of the head, but the contractions were too feeble to retain it there, or to cause the head to descend. No thought of artificial delivery was for a moment to be entertained, for the two days hemorrhage had so nearly exhausted the woman that she would have died under the operation, or at least, very soon after the delivery had been completed. The pulse was weak and feeble; the skin cool and perspirable; and the patient distressed with retchings. With no other stimulant at hand, I gave her good whisky obtained from the nearest neighbor, mustard to the epigastrum and thighs, with artificial heat to the extremities. As soon as a little revived, she took 60 drops fld. ext. ergot four or five times repeated, and hot ginger tea. The contractions now became renewed. The placenta was first extruded through the vulva, and followed during the next throe by the head of the child. Suddenly all further efforts at expulsion ceased, and in less than fifteen minutes, and before the child was fully extracted, the patient was dead. Before leaving the bedside, I introduced my hand into the cavity of the uterus. But very little blood or coagula remained, yet the walls were flaccid and but poorly contracted. I now correctly determined that this could not have been a case of placenta previa, otherwise the internal surface of the lower segment of the uterus would have presented to the touch some prominences or vascular projections, denoting the site of placental insertion. On the contrary, it offered no inequalities, but

presented a uniformly smooth and even surface. This fœtus was fully matured, and had evidently completed its intra-uterine term. Exactly how long it had been dead I was unable to determine. In the transit, the skin was denuded in large patches, from the shoulders, back and abdomen, and on being separated and washed, almost the entire cuticle became detached.

I have been thus minute in this report, for the case will certainly be found of the greatest interest to the profession. Such cases I do not regard necessarily fatal either to mother or child, provided they are promptly met and properly managed. Total separation of the placenta and its expulsion in advance of the child, is by no means so rare an occurrence as is commonly supposed. Doubtless most practitioners of experience have witnessed one or more cases of this kind. I have myself met with three very distinct cases of the accident. CAZEAUX says of this complication of labor, page 696: "A singular circumstance sometimes takes place in cases of central insertion. The gradual dilatation of the cervix may effect the complete detachment of the placenta, which may, perhaps, be entirely expelled through the vulva several hours before the expulsion of the child." In a note at the bottom of the page this same author says, that many writers of distinction, as CHAPMAN, PERFECT, MERRIMAN, LEE, LAMOTTE, SMELLIE, RAMSBOTHAM and BAUDELOCQUE, have each met with one or several instances of the kind. Prof. SIMPSON alone has collected as many as 141 cases of the accident, from which it has been deduced that the resulting hemorrhage rarely compromises the life of the mother, while it is nearly always fatal to the child. In the three cases occurring to me only one mother and one child made their escape; the other two and also the children perished from hemorrhage. Although all the cases referred to by Cazeaux are reported under the head of central insertion, yet I think abundant reasons may be advanced why the separation occurs much oftener when the placenta has been attached to some other portion of the uterine walls.

Such an experienced accoucheur as Cazeaux neglects to inform us whether or not he has ever seen a case of the accident himself. The collection of Prof. Simpson was doubtless reported from so many different sources as to preclude all possibility of correctness. Under the head of rapid contractions of the uterus, p. 688 of his work, Cazeaux himself admits, the complete detachment of the mass when contractions take place too rapidly, or at too early a period of the travail; also, that it is apt to occur in dropsy of the amnios, and in twin pregnancies, where too long a period elapses between the birth of the first and second child. Again, page 687, this author says the accident may happen before or during the labor, and prior to the escape of the waters, if the cord be very short or the movements of the fœtus very active. In cases also, where the child is said to be born with a caul, the separation may take place, the dragging of the fœtal membranes pulling the placenta along with them as they are pushed before the head of the child. I know that in the cases I have chanced to meet, the placenta had been attached to the walls or the fundus of the organ.

In all cases where the placenta is normally adherent, whether to the cervix or fundus; that is, where the cellulo-vascular medium of insertion is of the normal strength and texture, it seems to me, a total separation of the mass must be rather an uncommon occurrence. Fragility of the connecting tissue, or some secret fault of its structure, must generally exist before the contractions of the womb, however powerful or rapid, can of themselves be sufficient to effect the total separation. Extreme brevity of the cord even, it seems to me, would result in its own rupture, sooner than detachment of the placenta. We suppose it will be admitted that the accident may happen from unexpected falls, or blows suddenly inflicted on the abdomen of the pregnant woman. Abortions we think may be sometimes so produced. There certainly can be no good reason then why the accident may not occur during any period of the pregnancy. Fragility of the connecting tissue being the chief predisposing cause of the separation, no matter whether the mass has been attached to the fundus or cervix, it becomes apparent that its separation must take place much oftener from the former than the latter situation, and in exact proportion to the relative frequency of its place of insertion.

If this dangerous complication of labor were liable to happen merely from contractions of the uterus, or from dilatation of its cervix, then we should have no further security against the accident in any case of labor.

Contrary to the opinions of so great an author as Cazeaux, we hold that in all cases of central insertion of the placenta over the inferior segment of the uterus, if the adhesion of the mass be perfectly normal, the gradual dilatation of the cervix is incapable of effecting its total separation. The cellulo-vascular tissues uniting the utero-placental surfaces, is highly elastic and distensible, readily accommodating itself to the gradual expansion of the cervix. In these cases of central insertion, the separation can only be effected where the attachment is fragile and the dilatation of the cervix rapidly accomplished. But even where the adhesion is normal, the dilatation, being once completed, impulsion of the head or other presenting part of fœtus against the mass may possibly effect its total separation, and which may then be expelled by the contractions of the fundus, prior to the birth of the child. I have seen several cases of central insertion of the placenta, yet have never observed it totally separated or thrown through the vulva; some portion of its periphery or shreds of attachment always refusing to relax their hold upon the cervix until the delivery of the child was completed. Indeed, such is the tenacity of these adhesions, that I have seen the placenta torn in fragments, the disrupted portions appearing externally in the current of blood. In all cases of central insertion the mass is separated, not from the dilatation but by the closure or contraction of the os, and expelled mainly by the shortening of the longitudinal fibres of the womb. Complete detachment of the placenta then is by no means so common in these cases as Cazeaux appears to think, for it must be remembered that central insertions are themselves infrequent, and that in a large proportion of these, even a partial separation is not effected until after the labor has begun.

The diagnosis of hemorrhage from total separation of the placenta cannot be regarded as difficult or obscure. I know it is just possible for complete detachment to be affected without the loss of any blood whatever. But when hemorrhage does occur, especially in sudden and profuse quantities, preceded or accompanied by contractions, it must always be regarded as issuing from that portion of uterine surface to which the placenta has been attached. Obscure cases sometimes arise when the hemorrhage, not appearing externally, is said to be concealed, but the symptoms are the same and point to loosening of the placenta. In all healthy women puerperal hemorrhage can arise from no other cause. A peculiar hemorrhagic diathesis may give to a sanguinous discharge or oozing of blood from other portions of the unoccupied walls of the uterus, but it is never so dangerous as that description of hemorrhage we are now considering.

It is chiefly with a view of determining the proper treatment of this complication of labor that I have been induced to offer any report of the case at all. I have read with much interest the account of a similar case of detachment of the placenta as reported by Dr. VAN GIESON of the New York Pathological Society, in No. 718 of THE MEDICAL AND SURGICAL REPORTER, December 3, 1870. I cannot avoid expressing surprise at the method of treatment adopted, and more particularly that the ergot and large (tablespoonful) doses of laudanum should have been resumed for the treatment of the after-hemorrhage. I will only adopt Dr. Van Gieson's formulary expression as to the method of treatment pursued, and say with him, "that with the indications gathered from this painful experience I should not, in the future, place much dependence on the use of *opium* in such cases." Had I been called to Mrs. B., whose case I am presenting, on the first invasion of hemorrhage, I certainly should not have bethought me of resorting to the use of opium in any of its forms for the control of the bleeding, either before or after the delivery.

This lady, as well as Mrs. M., whose case is presented by Dr. Van Gieson, it must be remembered, was in labor and at full term. The evident indications of treatment of both women were the same, and two-fold; namely, to secure the speedy contractions of the uterus, and the arrest of the hemorrhage now threatning the destruction of both mother and child The error of treatment adopted in both these cases evidently consisted in the employment of opium, but justifiably, in the care presented, on the erroneous representation made to the lady ordering the prescription. The evident, direct tendency of this drug was to silence and render nugatory the uterine contractions, so needful for the speedy expulsion of the child and security of the mother, and so necessary for the arrest of the hemorrhage on which the fate of both depended. The impressions of

the drug being first manifested on the sensorium commune were at once transmitted through the vaso-motor system of nerves controlling muscular action, thus depriving the uterus of its only physiological resource for the arrest of the hemorrhage or the expulsion of the child.

Opium is absolutely inadmissible in the treatment of puerperal hemorrhage at term, and after the labor has begun. But in all cases of premature labor, whether accompanied with hemorrhage or not, and in all cases of threatened abortion, it becomes the sheet anchor of our hopes. In all cases where uterine contractions are to be silenced it constitutes the *sine qua non* of our treatment. No remedy is better adapted to the quieting or suspension of muscular contraction, whether voluntary or involuntary. The drug is not a direct hemostatic, acting as does the ergot on the muscular contractility of the bleeding vessels, but is useful only so far as its sedative operation or slight astringent properties are required, and as a consequence, becomes a secondary remedy in the treatment of all puerperal floodings. Even when used in these cases, it should never be pushed to its full physiological action, otherwise the uterine contractions will be at once suspended, and the hemorrhage continue unabated.

The treatment of hemorrhage from detachment of the placenta, no matter whether the accident happen during the labor or at any other period of the gestation, must always be conducted on the same principles. Detachment of this hematozing organ necessarily insures the death of the child, unless its delivery is speedily accomplished. The leading indication of treatment, considered entirely apart from the hemorrhage, is to secure the speedy and permanent contraction of the uterus, and on which alone the preservation of the child now depends. The hemorrhage, of course, is the index of placental separation, and on its timely arrest depends the life of the mother. Artificial delivery is neither practicable nor possible, until the dilatation of the os will admit the introduction of the hand, or the application of the forceps. The case must be promptly met and the hemorrhage at once arrested. The membranes must be ruptured at the earliest possible moment, and the ergot administered in full and sufficient doses, for the double purpose of exciting the uterus to the needed contractions, and of securing its now universally admitted hemostatic action. And I now undertake to say, holding myself to the very strictest professional accountability, notwithstanding the strictures so unworthily imposed upon the ergot by Dr. Van Gieson, that the treatment I have just indicated, promptly and energetically adopted, will seldom fail to meet our most hopeful expectations. I am pleased to notice that Dr. FINNEL, the only other gentleman of this learned body offering any remarks on the case reported, fully appreciates the powers of the ergot in restraining these dangerous hemorrhages. In regard to the application of the forceps in such cases, I will only say their efficacy greatly depends on the stage of labor in which they are applied. In the stage of collapse, it seems to me, they are only useful on the principle that a woman should never be allowed to die undelivered.

ABORTION.

Whether purposely induced or incidentally interrupting the gestation of the waiting mother, this accident must ever engage the thoughtful care and attention of the practitioner. I was hurriedly called, January 23d, five miles in the country, to visit Mrs. H., a young married woman, who was said to be wasting dangerously. This woman was accused by a relative of always wanting to take something on such occasions, and of having injured herself once before by so doing. I found her flooding very profusely, and, on taking a seat by the bedside, I discovered an ovum of about three months protruded through the vulva. The placenta was still in utero, and with no signs of contraction, the torrent was flowing fearfully on. I at once administered the ergot in full and repeated portions, with an occasional dose of the aromatic spirits of ammonia, and in less than an hour the patient was rescued from the impending danger. This hemorrhage, I believe, but for the efficient measures, would have proved fatal to the woman. The indications of treatment in this case were to diminish the capacity of the uterus, dislodge the placenta, and thereby arrest the hemorrhage. The ergot was given *alone*, as the addition of opium or laudanum would have had a direct tendency to prevent the needed contractions of the uterus necessary for the expulsion of the placenta, and completely antagonizing the hemostatic results of the ergot.

I have recently read with much satisfaction,

as well as information, the able and interesting discussion of abortion by the members of the Baltimore Medical Association, as published in No. 722 of THE MEDICAL AND SURGICAL REPORTER, December 31st, 1870. I have certainly read nothing lately more interesting than that offered by Dr. MORRIS, in respect to its statistical, pathological and etiological history. But when the doctor approaches the treatment of the accident, judging from what was advanced by nearly every other member of the association, as to the certain and determinate effects of the ergot in these cases, he certainly fails to meet the expectations of his learned associates. I must frankly express my surprise when Dr. Morris makes the declarations, "To arrest the hemorrhage nothing acts so well as the tampon. Although we all use our old friend opium it is not a remedy in these cases."

Dr. Morris very correctly observes, that "The exciting cause is no doubt uterine hemorrhage. The blood gets between the uterus and decidua or placenta, or in the cavity of the uterus, and by the stimulus of distension brings on labor." In what way, then, let us ask, can the application of the tampon be supposed to arrest the hemorrage? In the beginning of the labor, which the doctor admits the stimulus of the effused blood has now brought on, the cervix is almost entirely closed. Can the mere filling of the vagina, then, and any thing further is yet impracticable, prevent the effusion of blood between the uterus and the decidua or placenta? But suppose the blood to have escaped into the cavity of the uterus, in that case how are the bleeding vessels to be compressed, situated as they are so remote from the means of compression? But again, suppose the cervix to be sufficiently dilated to admit the introduction of a tent, how or in what manner can that be supposed to effect the bleeding orifices at the fundus? I must be allowed to insist, then, that the doctor's indiscriminate advocacy of the tampon is a plain violation of the simplest mechanical principles. The only variety of puerperal hemorrhage, and that is exceedingly rare, in which compression of the bleeding orifices can be effected by mechanical means, is where the blood issues directly from the cervix itself. But even in these cases, such means of arresting the hemorrhage are universally regarded as of doubtful expediency, and only to be resorted to after all other means have failed.

Obstetrical writers generally have noted the mischievous tendencies of this contrivance. Its irritating presence near or within the os, or even within the vaginal inclosure is sure to urge the uterus to premature contractions, and thus encourage the unseasonable expulsion of the ovum. We know, too, that by damming up the blood in the cavity of the uterus by means of the tampon, we will be sure to have the stimulus of distension in its acme, which, according to Dr. Morris himself, will bring on the labor, or in other words, consummate the abortion, thus precipitating the very catastrophe it is intended to prevent. In summing up an estimate of the tampon, thus urged by Dr. Morris in the treatment of abortion, I will only say that I know of no readier means by which the designs of the criminally disposed may be more effectually answered than by the persistent application of this ingenious contrivance.

In all cases of threatened abortion the indications of treatment are two-fold. The contractions threatening the expulsion of the ovum must be silenced, and the hemorrhage so seriously compromising the health, if not the life, of both mother and child, must be quickly and promptly arrested. I am surprised therefore at the assertion of Dr. Morris, that opium is not to be considered a remedy in cases of threatened abortion. It has been employed almost from time immemorial by physicians in general, for the very purpose of alleviating pain and quieting premature contractions of the uterus. Its modus operandi, as before stated, is by transmitting its impressions through the vaso-motor system of nerves controling uterine contractions, preventing their occurrence and effectually antagonizing them if already established. We have already said that in no case of puerperal hemorrhage should its impressions ever be carried to any degree of somnolency; yet when restricted within proper limits, we are possessed of no more effectual means as an auxiliary in the treatment of threatened abortion.

I am pleased to know that nearly all other members of this learned association present at its meeting have placed themselves on record as able and earnest advocates of the ergot for the restraint of hemorrhage in cases of threatened abortion. This drug, by virtue of its known hemostatic action, exactly fulfills one of the leading indications of treatment in all cases of threatened abortion, namely, the

speedy arrest of the hemorrhage interrupting the health, if not endangering the lives of both mother and child. Although Dr. WARREN is a leading advocate of the ergot, yet I am surprised at his declaration, that this drug produces results in the uterus which are never observed in other organs of the body. But I know from experience that it exhibits just such results in epistaxis, hemoptysis, hematemesis, and hemorrhage of the bowels.

Dr. WILLIAMS, of the Association, has certainly rendered the profession a handsome service, at least the younger members of it, by his very felicitious rendering of the modus operandi of the ergot. I believe with him, that this drug controls hemorrhage by acting on the contractibility of the muscular coats of the bleeding vessels. Enlarging a little upon the adaptability of this simple but potent drug for the restraint of uterine and other hemorrhages, I believe it exerts this contractile effect upon the muscular walls of the heart itself, and also upon the coats of the large arterial and venous trunks, as well upon their branches, thus diminishing the volume of blood sent to the already contracted radicles, always putting more or less restraint upon the hemorrhage. Regarding this as the true explanation of the modus operandi of the ergot, I feel confident that it will yet be brought into requisition for the treatment of the hemorrhages of both sexes, and from every organ in the body. Especially will it be found invaluable in those hemorrhages dependent upon, or at least associated with, a general laxity of fibre.

In concluding these remarks on the treatment of abortion, I am convinced that we are possessed of no more efficient or eligible means than the combination of the fluid extract of ergot and laudanum; and I have only to repeat what I have said in a former article, that in all cases of threatened abortion, where the uterus itself is not diseased, nor the ovum a blight; where the membranes are yet entire, and the os not irrevocably dilated, no matter how profuse the hemorrhage, this combination will silence the contractions, control the bleeding, and preserve the product of conception to the close of gestation.

BILIARY CALCULI—CASES—TREATMENT.

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Cholesterine, the substance of which biliary calculi are chiefly composed, preëxists in a fluid state in the blood. It has been demonstrated that it is formed in the brain and nervous system, and that it is the product of the waste of brain and nerve tissue. It is an excrementitious substance, and is eliminated from the blood by the liver. Ordinarily, when the functions of this organ are normal, the cholesterine having been separated from the blood, passes out with the bile through the gall ducts in a fluid state into the intestines, where it undergoes some unknown change, probably not essential to the process of digestion and assimilation. It sometimes happens that this waste product does not pass off in this natural and harmless way; but, associating itself with some other ingredients found in the bile, forms concretions called gall-stones, or biliary calculi.

While these concretions remain in the gall bladder, where it is supposed they are formed, they cause no symptoms and are of no consequence; but when they become engaged in the gall ducts, and are forced along those narrow passages into the intestines, they produce most distressing symptoms, and constitute an affection which is often the most annoying and troublesome that the physician is called upon to treat.

I believe that this affection, particularly when not recurring frequently in the same individual, or when not associated with jaundice, is very often overlooked, it passing for *gastrodynia*, *cramp of the stomach*, or that vague affection known as *bilious colic*. I believe also that if a thorough examination of the fæces were made after such attacks which do not readily yield to opiate treatment, and which have no appreciable exciting cause, such as the over-ingestion of food, biliary calculi would not unfrequently be found. Dr. WATSON states, in his work on practice, that he has only once succeeded in catching a concretion in the evacuations of a patient whose symptoms had led him to search for it. This may be taken as a fair average of most physicians' experience. But I think that nearly every practitioner would come across many calculi every year if he would oftener undertake the disagreeable task of a thorough search. The frequency of their appearance in the gall bladder when autopsies and dissections are made, will, I think, corroborate this view.

Six cases of hepatic colic have thus far come under my observation, in which, after

careful search, gall stones were found in the fæces. Four of these cases occurred in females and two in males. Two cases occurred in persons under twenty years of age, three between twenty and fifty and one between fifty and sixty. Three cases happened soon after convalescence from continued fever, one soon after child birth, and two without any previous illness. Five cases were followed by jaundice after each attack of colic, and one was not. In one case eight gall stones were passed at different intervals within six months after the first attack, after which no more were passed. In another case six were found within a few weeks. In two other cases two or three within a few days, and in two cases only one stone was passed. In two cases gastro-duodenitis supervened upon the attack, lasting a few days only. In one case the colic lasted forty-eight hours; in the other cases the duration was from thirty minutes to ten hours. In each case there was pain, more or less severe, in the epigastrium and right hypochondriac region, and vomiting. In two cases a severe chill was experienced at just about the moment of the cessation of the attack. In each case I directed an examination of the fæces to be continued until the calculus was found. This was done by throwing the evacuations upon a sieve and washing them through with water. In one case five days elapsed before the gall-stone was found; but generally it made its appearance in the second or third evacuation after the attack. The calculi which I have been successful in thus finding, have varied much in size, color and structure. The largest were of the size of a very large pea; the smallest were only half that size. Some were of a light green color; some were white with a dark brown hollow spot in the centre, and some were brown. Some could be with little difficulty crushed between the thumb and finger, while others were of a much firmer structure. Usually specimens of calculi from the same individual were identical in color and general appearances, without reference to the time elapsing between the acts of expulsion.

It has been said that after a large calculus has passed through the duct, the caliber of the tube remains permanently dilated, so that subsequent attacks are less severe and prolonged. But this does not accord with my experience. Generally, the last attacks have been the most tedious and painful, though the calculus afterward found has been of the same or inferior size. The passage of the first stone, though it may stretch the fibrous coat of the duct so as to increase its caliber, yet it must also irritate and inflame the mucous coat and produce more or less swelling, which compensates for the dilatation.

The force which propels the concretion along the cystic duct, must be due, chiefly, to the contraction of the muscular coat of the gall bladder, which, acting upon the contained fluid, by hydrostatic pressure, drives the obstacle before it in the same manner as a renal calculus is forced through the urethra by the urine.

The irritation caused by the presence of the calculus in the duct, by a reflex action, induces contraction of the unstriped muscular fibres of the gall bladder and the consequent expulsion of the stone. It cannot be supposed that the passage of the stone through the cystic duct is due simply to the weight or accumulation of bile behind it, since the direction in which it travels is opposite to the force of gravity, and there is no way in which bile can accumulate behind the obstruction. But after the stone has passed out of the cystic duct into the ductus communis choledochus, the force must be for a time, somewhat diminished, since the bile coming from the gall bladder can now escape backward through the hepatic duct and its ramifications in the liver. If this duct and its branches were perfectly inflexible tubes, and perfectly filled with liquid, the stone would still be impelled on with the same force and rapidity as before; but the reverse being true, it follows that a considerable time must elapse before the ducts become distended to their fullest capacity by the natural secretion and accumulation of bile behind the stone, so that the same force is again brought to bear on the obstruction as when it was situated in the cystic duct.

This junction of two ducts to form one of greater length than either, the expulsive power being carried from the gall-bladder through only one of them, while the other is connected with a net-work of highly elastic and nearly empty tubules, ramified in the substance of the liver, is a mechanism whereby the passage of biliary calculi is retarded rather than facilitated. It is improbable that the ducts themselves have any agency in the propulsion forward of the calculus, in the same manner as the œsophagus propels food into the stomach,

since they are not provided with the requisite muscular fibres.

The jaundice which often follows the passage of gall-stones is usually present only after a protracted paroxysm. It certainly does not occur till the stone has become lodged in the *common duct*. The resorption of bile through the walls of the gall-bladder is improbable, it being more reasonable to suppose that this process occurs in the more vascular and delicate tissues of the liver.

In all the cases here mentioned, jaundice did not make its appearance till several hours after the paroxysm was over, and then it lasted for several days. During this period there was no appearance of bile in the stools, which were clay-colored, but the urine was loaded with it. This circumstance leads me to suppose that the common duct may be temporarily occluded by inflammation and swelling of its mucous membrane, which condition, rather than the brief presence of a calculus, may explain the protracted jaundice.

The condition of the liver leading to the formation of biliary calculi, like other morbid conditions of that organ, is, as yet, imperfectly understood. In the majority of the few cases which I have observed, this affection occurred after exhausting sickness from another disease. This circumstance led me to the conviction that in those particular cases the cause was functional inactivity of the liver. If this organ, which is so important an emunctory in the animal economy, become inactive or sluggish from any cause, it is not strange that some of the manifold products which it seeks to elaborate and eliminate from the blood should assume abnormal conditions, giving rise in some cases simply to disordered digestion, and in others, to the affection under consideration.

In the treatment of the above cases I have found that the exhibition of opium in any of its forms *by the mouth*, during the attack of colic, has not answered my expectations. It has been usually vomited up. When it has been retained to some extent, after repeated doses, it has failed to relieve the pain. I have had much better success with the *hypodermic use of morphia*. After injections have been given of from a quarter to a half grain, patients have always expressed a sense of great relief. Indeed, I know of no surer or better way of mitigating this terribly stubborn and unforgiving agony. I have frequently produced temporary relief by the inhalation of chloroform, but this is impracticable in cases which last many hours. It cannot be supposed that chloroform hastens the expulsion of the stone by relaxing the muscular fibres of the ducts, since it is certain that such fibres do not exist. I have tried, in several cases, the exhibition of large doses of sweet oil and also of calomel, only to be convinced of their complete inutility. The employment of hot fomentations and poultices during the attack, while it has not afforded any relief, has been useful, I think, in the prevention of subsequent inflammation of the parts involved, and for this reason, I should never neglect it.

I would suggest the employment of electricity during the attack, with a view of shortening its duration, by inducing more energetic contraction of the unstriped muscular fibres of the gall bladder. If the theory is correct that the spasmodic contraction of these fibres has an important agency in expelling the gall stone, then electricity may become a valuable therapeutical aid. It has the advantage, at least, of not interfering with the use of other remedies. Not having, as yet, tried it, I can say nothing with reference to its efficiency.

I think much time may be wasted and much unnecessary suffering permitted by neglecting to give the patient promptly the benefit of an efficient hypodermic injection of the sulphate of morphia. A quarter of a grain will answer in most cases. If this does not notably diminish the pain after a proper interval, it should be followed by a third or a half of a grain, according to the judgment of the practitioner. This has never failed in my hands to produce the most happy results.

The most important part of the treatment of this affection, however, consists in the attempt to prevent the further formation of the calculi. With this end in view I have prescribed chloroform in doses varying from five to fifteen drops three times a day. This remedy was taken with only occasional intermissions, for several months, until my patient, as well as myself, was thoroughly convinced of its inutility. In my hands, the succinate of iron has met with the same fate.

Dr. FLINT thinks that the theory upon which the exhibition of these remedies is based, viz.: to effect the solubility in the blood of the cholesterine, is an absurd one. A little reflection will, perhaps, render the absurdity apparent. The entire quantity of

blood in the average human body is estimated at eighteen pounds. To suppose then that a few drops of chloroform, a substance rapidly decomposed within the body, and rapidly eliminated from the blood, can effect any marked and permanent change as to solubility in this entire mass, upon a product which is constantly being formed anew by the vital processes, requires a credulity beyond the scope of reason.

The attempt to accomplish by medication the solution of gall-stones already formed in the gall-bladder, seems, if possible, still more absurd and empirical.

I believe that the only rational mode of treating this affliction is *to promote the functional activity of the liver*. This may be accomplished by advising the patient to avoid sedentary occupations, to engage in mild and healthful exercises, to be careful in the selection of his diet, and to take at intervals such remedies as are supposed to act specially as stimulants to the liver.

To the use of the following formula more than any other I have attributed recovery in the cases which I have mentioned.

℞. Fluid ext. eupatorium,
Fluid ext. taraxacum, aa. f.℥ij.
Comp. tinct. gentian, f.℥iv.
Ext. conumi, ℥ij.
Podophyllin, grs. xx. M.

S.—Take one or two teaspoonfuls before each meal.

If there be notable torpor or sluggishness of the bowels, the amount of podophyllin can be increased. If there be the opposite condition, it can be diminished or omitted altogether.

Hospital Reports.

UNIVERSITY OF PENNSYLVANIA.

Service of J. E. Garretson, M. D., Clinical Lecturer on Surgical Diseases of the Mouth.

February 1, 1871.

[REPORTED BY DE F. WILLARD, M. D.]

Excision of Inferior Maxillary Nerve.

Gentlemen: The patient now before you has been suffering for nearly three years with a most intense neuralgia of the right side of his face and jaws.

He states that he never experienced any difficulty until the three years back (some time after the close of the war, through which he passed), but that since that time he has been living such a life of pain as to render existence almost unendurable.

As to the cause of this difficulty, I regret to say that I am unable to give you a positive explanation. In a previous lecture (vid. Reporter, Nov. 19, 1870), I told you that a cause always existed, and that we could not discover it did not prove its absence, but merely our ignorance; yet such ignorance is often excusable, since this cause may be beyond present human knowledge. I have examined this man thoroughly, and have failed to find any special recognizable factor. His upper and lower denture are perfect, and after the most rigid scrutiny I am unable to find any of the nine or ten favoring conditions of neuro-odontalgia, which I then mentioned. There is no tenderness or even peculiarity of sensation afforded by any of the teeth; therefore, although these organs are so very frequently connected with this difficulty; yet in the present instance such does not appear to be the case, neither can he be suffering from the form of neuralgia resulting from the pressure upon the nerves of the alveolar process in edentulous persons from contraction and absorption, for he has all his teeth. We must, therefore, continue our investigations to other parts, and seek there an explanation by "reflex irritation."

First in order, of course, would be the other branches of this same fifth nerve; and here we find, as I have already said, no difficulty with the upper teeth; neither can we discover any tumor, wound, cicatrix or lesion upon any of the other branches which would seem to be a factor in its production.

We must then go still further yet, and examine other nerves which might reflect an irritation upon this one, and prominent among such are the branches of the cervical and brachial plexuses, which in some cases would seem to possess a special and exceptional communication with the fifth, attributable only to a congenital or acquired peculiarity of organization. It has been found in several cases that a wound of the ulnar nerve was sufficient to cause reflex neuralgia in the fifth; and if this be true, why may not other nerves reflect their irritation in a similar manner? We have passed over and thoroughly examined every organ and portion of this man's body, reviewing every observation and fact which might enlighten us, but all has been without success, so far as the discovery of any exciting cause is concerned. We must, therefore, acknowledge the fact that we are unable to discover the special cause; yet from the expression, so to speak, of the case, I am confident that the point of irritation, though there is no tenderness in any place, is upon the inferior maxillary branch of the fifth pair, and that this point is situated somewhere in the lower jaw, anterior to the posterior dental foramen, and in the canal. Granting that such is the case, then, what could be more rational than to disconnect the point of irritation and the central point taking cognizance of such irritation—to sever the wire leading

to the central office, and thus prevent the transmission of any disturbing condition? To accomplish this we must make a section of the nerve at some point in its course, which is, as you know, from the ganglion of GASSER, out of the oval foramen, through the spheno-maxillary fossa, into the posterior dental foramen, through the canal and out upon the face at the mental foramen.

Now, the point of emergence from the foramen ovale, just at the otic ganglion would, perhaps, be the most effectual point; but this is deeply situated, and the dangers of the operation would be very great from the close proximity of so many important structures, the most dangerous of which would be the internal maxillary and carotid arteries. This then being impracticable, we select some point in the dental canal where it can be easily reached by simply removing the external bony plate, and in the present instance, as we wish to be certain of operating behind the irritated portion, we will go back almost to the dental foramen. Of course, such an operation should not be attempted until every means has failed, and until we are perfectly satisfied that there is no patent reason which can be otherwise removed. Again would I caution you to study well each case, and remember that over-study, venereal excess, indigestion, malaria, non-aeration of the blood, grief, tobacco, noxious gases, etc., etc., may all act as depressants of the vital economy either by over-stimulation or by under-nutrition, and thus assist in the production of a continued neuralgia.

Again, moreover, all medical means should be tried to assist the removal of any lesion which may be discovered as the existing cause, yet should this be unrecognizable, we can only treat upon general principles, acknowledging our weakness. "What then are the medical means?" you may ask, and in reply I can only recommend a few of scores of drugs which have been lauded for neuralgia.

The general condition of the health should first receive our attention, since we shall often find neuralgia coexisting with anæmia, a condition which is often, in fact, the direct cause of the pains. Dr. HANDFIELD JONES has long advocated the opinion that nerve pain is invariably, and in all its phases and consequences, an expression of debility of function. In these cases, and in nearly all neuralgic cases, much benefit will be derived from the exhibition of tinct. ferri chlor. gtt. xv ad xx t. d., either alone, or better in combination with quin. sulph. gr. ij. A solid preparation of iron may be used with the same companion in pill form, with strychniæ sulph gr. 1-40 advantageously added to it.

By thus building and strengthening the constitution the exciting cause, debility, may be removed and cessation of pain be the result.

The anti-neuralgic remedies which have for their object the soothing and quieting of pain, either by being addressed to the system at large, or to the local affected part, are almost innumerable, and every practitioner has his favorite. A combination of quinine, conium and aconite is a most excellent anti-neuralgic, as is also potass. brom. in 20 grain doses four times a day, or zinc. valerianat, in doses of ½ to 1 grain t. d.

A continued course of arsenic or liq. hydr. iod. et arsen, will often be of benefit.

During the paroxysms morphia and ether are our chief reliance, together with hot mustard plasters, or hot sand or salt bags to the affected part. A broken local application of ether by means of a sponge will often change the condition of the nerve currents, and pain will cease.

The hypodermic injection of atropiæ gr. 1-30 to 1-60, persistently continued for several weeks, is often of the most marked advantage, and the same may be said of morphia, though the latter is not so properly curative in its action.

Creasote is a good local obtunder in the strength of gtt.v to ℥j. of lard. Aconitia and veratria are also used locally in ointments, but the two articles which will probably give the greatest relief are atropia and morphia, administered subcutaneously.

Should all means fail, ho vever, and our minds become satisfied that there exists an otherwise irremediable condition in the nerve substance, external to the proposed line of section, we are justified in performing such an operation, even though it must be confessed that the results of such interference are not always as satisfactory as might be wished. In order to reach this nerve in the canal, we must cut down through the masseter muscle, and carefully avoid all important structures. Let us look at the anatomy. Here is the facial artery, crossing the border of the jaw, just in front of the edge of this masseter muscle, and running toward the oral angle. It must not be cut, and I will fix its position by an expedient which should always be adopted by young surgeons, *i. e.*, mapping out the lines with ink. Above is the duct of STENO, extending from the lobe of the ear to the second molar tooth of the upper jaw, and we will also mark its course. Again, upon the outside I mark the outline of the parotid gland, a structure which must escape injury if possible, since salivary fistula is apt to follow.

Here, then, are three lines—the boundaries of a triangle, and having them constantly before us we can cut without fear, so long as our knife does not reach them. In the present instance we desire to go far back into the canal, and consequently we shall be obliged to divide a portion of the masseter muscle; but even this will not give us any uncontrollable hemorrhage

The incision (which must extend down to the bone), will be somewhat semi-circular in order

to allow the flap to turn back without difficulty; then, when the periostem is divided, a trephine will be applied in order to remove this bony plate, when the cavity will be exposed and the nerve uninjured if care has been used. Then, separating the nerve from the veins and artery, a half inch or more may be removed, after which the flaps are only loosely laid in position, that healing may be facilitated while free drainage is also secured. In regard to the separation of the nerve from its accompaniments, it is sometimes possible, but even the cutting of the other structures will not produce hemorrhage sufficient to require more than a plug of lint.

[Operation then performed as described, and a portion of the nerve removed without difficulty. The hemorrhage easily controlled and simple warm water dressing used. The man had no pain for twenty-four hours, but it then returned, the paroxysms being quite frequent and severe for nearly ten days, though not so acute in character as before the operation, he being able to remain comfortable by the use of forty minims of Magendie's solution, hypodermically per diem, while formerly he was obliged to use eighty.

This continuance was not, however, looked upon as foreshadowing the failure of the operation, since it could not be expected that a nerve so long irritated, and in such an excited condition, would regain a state of tranquility at once, any more than would a rough sea for days after the storm has ceased.

Of course this delay was extremely discouraging to the patient, but at the end of two weeks the attacks slowly diminished in frequency and force, until the twinges were scarcely perceptible, and at the present time, seven weeks from the performance of the operation, he writes that he is "*entirely* free from all pain, and can use his jaws as well as ever, and without exciting any discomfort."

The case will be kept under notice and the ultimate result recorded.—DEF. W.]

In regard, gentlemen, to the real and permanent benefit to be derived from this serious operation, I can only refer you to the literature upon the subject, and from this I feel assured that it is well worth a trial in these persistent cases, since many recoveries have undoubtedly occurred.

This inferior dental nerve is the one most easily reached, but the superior maxillary has also been several times the seat of a similar operation. In the Cincinnati *Lancet and Observer*, Aug., 1869, a case is recorded by Dr. MURRAY, in which the inferior was divided in the canal, and the superior as far back as the foramen rotundum, behind the ganglion of MECKEL.

There are several of these excision cases reported in the *Amer. Journal of Med. Sciences*, Jan., 1868; also one in July, 1869, in which latter case not only was the inferior nerve removed from the entire extent of the canal, but the superior also, as far back as the foramen rotundum, behind the ganglion of Meckel. This case was successful for sixteen months at least, up to the time of the report, which must have been a godsend to one who had endured untold agonies for eleven years; and I trust that a similarly happy result will occur in the patient who has just been carried from this room, since a continuance of his present condition would seem almost an impossibility, and his mind has certainly already suffered by the extreme severity of these paroxysms, which have scarcely left him five minutes of continuous rest during the twenty-four hours.

I trust that we shall not be obliged in this case to excise the superior maxillary nerve, for that becomes a much more serious operation; still, it has been successfully done in a number of instances, and when necessary, is best accomplished by the operation of CARNOCHAN, which consists in trephining the anterior wall of the antrum, breaking up the osseous walls of the infra-orbital canal, piercing and breaking through the posterior antral wall, and cutting off the nerve just as it has emerged from the round foramen. In this operation he insists that this spheno-palatine ganglion shall be removed, since, being composed of gray or vesicular matter, it is a generator of nerve power. His operation is certainly far more simple and safe than one of LINHART, reported in the *Viertel-Jahrschrift für die Practishe Heilkunde*, t. II., 1860, in which MIDDLEDORFF'S powerful galvano-caustic apparatus was employed. He reports that as the cauterizing current passed backward it instantaneously destroyed every structure in the spheno-maxillary fossa, and an immediate gush of blood from the injured internal maxillary artery filled the orbit and all the surrounding tissues. The carotid was not tied, but hemostatic pledgets failing to arrest the hemorrhage, the actual cautery was at last applied, which is a complication no surgeon would court.

There is another case reported by NUSSBAUM, of Munich, in Gurer's "Progress of Surgery," 1863-65, Berlin, which will certainly carry off the palm, if such it be, for "heroic" treatment. This woman submitted to various sections of the supra and infra-orbital nerves, for a period of five years, "but finding no relief," the report continues, "repeated extirpations of the cicatrices were made, the common carotid tied, the ascending ramus of the lower jaw trephined, and the inferior dental nerve exsected together with the mylohyoid and lingualis, causing necrosis of the bone, which had to be removed to the articulation. Five months later the neuralgia returned, when the infra-orbital nerve was exsected nearly to the foramen rotundum. This was followed by an osteo-plastic resection of the upper part of the sup. max. bone, but saving the alveolar process,

as in LANGENBECK's operation. The bones were then replaced and united by first intention. The pain had entirely ceased up to the time of publication, several months after the operation.

These cases are certainly formidable, but our own American reports are, perhaps, the most favorable ones published, and certainly, lead us to hope for many favorable results, especially when we read other opinions, as referred to in the above reports from "Bruns' Surgery," Tubingen, 1859, under "Kan und Geschmachs Organs," and p. 838, erst band.

CARMICHAEL calls attention to the fact that the nerves are often enlarged and thickened in these cases of inveterate neuralgia, and a case is recorded in my book upon Oral Surgery, p. 442, where the antral nerves were of the size of knitting needles, and were removed from the antrum.

In conclusion, then, gentleman, let me sum up by saying that although, as remarked by Dr. ANSTIE, the subject is "an uninviting one," yet that it is an operation eminently proper, when all other means have failed, and that it promises a reasonable hope of success.

MEDICAL SOCIETIES.

NEW YORK ACADEMY OF MEDICINE.

March 2d, 1871.

Cure of Old Ulcers by a Recently Devised Operation.

Dr. HOWARD, of Brooklyn, presented a case of eight years' standing, which had been the result of a gun-shot wound, and was at present undergoing rapid cure from treatment. The operation was first suggested and performed by an interne in a Paris Hospital, and for the past six or eight months had been practiced at the Charity Hospital, Blackwell's Island, by Dr. FRANK. H. HAMILTON.

Dr. Howard said, that in the case he presented no tendency to heal occurred for years, but after implanting in it two small shreds of skin, the entire circumference of the wound showed signs of activity. In four days two other pieces were imbedded in the ulcer, where they adhered. The first portions of skin were very small and soon sloughed out; the second were larger, and instead of sloughing grew more vascular.

In this operation a piece of skin may be snipped off any part of the body, and differs from the old method—first, that there is no continuity required in the replanted portion; secondly, that one or several very minute pieces may be imbedded, according to the size of the ulcer. The only precaution that is necessary in operating being to cover the transplanted tissue with transparent adhesive plaster.

Perforation of Lung by Grape-Shot—Recovery.

Dr. BLAKE presented a case in which a grape shot entered the thorax below the clavicle on the right side, passed downward and made its exit near the spine, at a point slightly above the inferior angle of the scapula. The accident took place during the war in 1863. The patient recovered from the first effect of the injury, but before long showed signs of dying from exhaustion. At this time a walking cane could be passed through the track made by the missile. Deep in this sinus a piece of dead bone could be made out, but it was unable to be removed without cutting down and enlarging the opening. After this was done patient rapidly improved, and at present is in as good health as ever. The points of importance in the case were the size of the ball—an inch and a half in diameter—together with the proximity of the larger vessels.

EDITORIAL DEPARTMENT.

PERISCOPE.

The Composition of Secret Medicines.

From a review of Dr. WITTSTEIN's *Handbook of Secret Medicines*, in the *Am. Jour. of Pharmacy*, we extract the following:

The book confines itself, for obvious reasons, to those secret preparations offered for sale in Germany; but we find among them quite a number which are more or less known in this country, and have their birth-place in Germany, Switzerland, Italy, France or England; even a number of American origin are "ventilated" therein, the proprietors of which had "enterprise" enough to introduce them on the old continent.

The articles are arranged in alphabetical order, and a short history is in nearly all cases attached, giving the originator or manufacturer, the disease which it pretends to cure, a description of the physical properties and style in which it is put up, the retail price, the pretended constituents, the names of the analysts, the true composition, and the actual retail value if made in a respectable apothecary's store. We extract the formulas for a few articles only, which may be of some interest to our readers:

Coca Pills, by Sampson, New York. According to Hager and Jacobsen, composed of powdered coca

and extract of coca in about equal quantities; value about one-fourth of price.

Granular Effervescent Citrate of Magnesia, by Bishop, of London, consists merely of bicarbonate of soda and tartaric acid.

Pommade des Châtelaines, a hair invigorator, consists of benzoinated lard and some volatile oils.

Magnesian Aperient, by Moxon, of England, is, according to Siller, anhydrous sulphate of magnesia 31, carbonate of magnesia 14, bicarbonate of soda 30, tartaric acid 25 parts.

Swedish Essence of Life is made also in this country, under various names. As usually made by apothecaries, it is a tincture prepared from 4 aloes, 1 agaric, 1 rhubarb, 1 saffron, 1 zedoary, 1 gentian, 1 myrrh, 1 theriac, with 100 to 120 dilute alcohol. The secret medicine manufacturers usually substitute cheaper articles for the high-priced saffron and rhubarb.

Hoff's Extract of Malt has been repeatedly altered in its composition. It is now a good beer, of a pretty constant alcoholic strength of 3 per cent., but varying in the amount of extract between 5.3 and 10 per cent. The beer sometimes contains an infusion of a bitter herb (buckbean, blessed thistle) and of the bark of *Rhamnus frangula*. According to one original recipe, beer was mixed with a small quantity of strong infusion of marsh mallow root, coriander, staranise, and grains of paradise, and with some simple syrup, glycerin, oil of lemon, oil of orange and beer coloring (caramel). The consumers can make it for, at most, one-sixth of its price.

Zimmermann's Extract of Malt, which, like the former, comes likewise from Berlin, is similar in composition.

Matico Injection, by Grimault, of Paris, for gonorrhœa, is made, according to Bjoerklund, by dissolving 4 grains sulphate of copper in 8 oz. infusion of matico (from ½ oz.)

Syrup of Horseradish, by Grimault. Hager gives the following directions: 50 p. each of fresh scurvy grass, buckbean and watercress, 60 of horseradish, 40 of fresh orange berries, are infused with 3 cinnamon in 50 p. white wine, and after a day expressed; 250 p. sugar are dissolved in the filtrate.

Iodinized Syrup of Horseradish, by Grimault, contains 10 iodine and 5 potassium iodide in 8,000 of the former.

New York Pills, by Sampson, of New York. The 1½ grain pills consist of powdered coca 25, extract of coca 30, powdered iron 35 parts.

Brandreth's Pills contain resin of podophylum, inspissated juice of poke berries, saffron, cloves, oil of peppermint.

Holloway's Pills are composed of aloe, myrrh and saffron.

Morrison's Pills, 2½ grains each, consist of aloe, cream of tartar and colocynth; another kind contains the same ingredients, besides gamboge.

Radway's Ready Relief, according to Peckolt, is an ethereal tincture of capsicum, with alcohol and camphor.

Radway's Renovating Resolvent, a vinous tincture of ginger and cardamom sweetened with sugar. (Hager and Jacobsen.)

Alcohol.

Dr. RABUTEAU believes that the greater part of ordinary alcohol introduced into the economy must necessarily be eliminated.

1. *The Action of Ordinary Alcohol upon Nutrition.*—Alcohol lowers the temperature, retards the organic combustions, and consequently diminishes the carbonic acid and urea. Its action upon the blood globules is the same as that of arsenic and oxide of carbon. It is antipyretic and antiphlogistic.

2. *Action upon the Urinary Secretions.*—Many so-called diuretics have no title to the name; tea and coffee, for example, provoke a more frequent desire to urinate, simply by a direct action upon the muscular fibres of the bladder; but alcohol is a *real diuretic*—the best, in fact, according to Rabateau, if taken a long time after eating. If red wine be more diuretic than white, it is because, all things being equal, it contains more tannin, and not because the latter contains more tartrates, which are transformed into carbonates in the economy; the alkalines, moreover, are diuretic only in very strong doses, and, according to Rabateau and Constant (*Lyons Medical*, 1870, t. v., p. 534), diminish instead of increasing the oxidations.

The diuretic effect of alcohol explains the important part it takes in the etiology of diabetes insipidus, and the increasing dropsy of drunkards when deprived of alcohol, which disappears on a return to stimulants; it also explains its anti-sudorific action.

Remedies for Poison Ivy.

A large number of remedies, says the *Druggist's Circular*, have been from time to time recommended for the distressing inflammation of the skin caused by handling, or sometimes even going within the atmosphere, of this plant. We have no particular knowledge of the right of any one to be considered as a specific, but doubtless some one or more of the different applications will afford, when properly applied, speedy relief. Below may be found several of the methods and medicines that have been proposed by persons who have found them to be useful. It ought to be understood that we extract them from the published Proceedings of the Farmers'

Club of the American Institute, and that they were furnished by farmers, who had had the misfortune to be poisoned while grubbing about among the weeds and wilds of the farm. "A few years ago," says one, "my feet were badly poisoned with ivy; while they were at their worst, I immersed them in soft soap half or three-quarters of an hour, and to my glad surprise I found that it cured them. Being again poisoned, I repeated the soap remedy for twenty or thirty minutes, and they were entirely cured the second day after." Another gentleman says that "a strong tea made of the *sweet fern*, with which the part affected is washed, as hot as can be borne, every hour until the cure is accomplished, is an excellent remedy." A party in Iowa confirms the value of soap, and says it is equally useful in poisoning by the poisonous *sumach* (*rhus radicans*).

A Rhode Island unfortunate says he had been poisoned a hundred times when a boy with the sumach. At last he found that free washing with pure water soon after he had been at work among the bushes was an effectual preventive Hot bran poultices are recommended by another, and hot water without the bran will do very well, says still another knowing one. A farmer in Pennsylvania, after having suffered many times from ivy poisoning, discovered that wild lettuce (*lactuca elongata*), which grows on the sides of meadows, fields, or gardens, is a perfect cure. The stalks and leaves are to be bruised and applied as poultices, or the inflamed part may be bathed with the juice. One application has produced a cure in cases that had resisted every other known remedy. A saturated solution of sulphate of copper, or of common salt, are also cures, if the parts are well bathed with either, when the irritation first makes its appearance. Finally, we quote what a gentleman writing from Ohio has to say on the subject: "There are two kinds of ivy. No one was ever poisoned by the five-leaved vine; it is only the three-leaved that poisons, and but few persons are affected by that or sumach. The five-leaved is a perfect antidote for the poison of the three-leaved variety. After suffering indescribably from the poison, I took a few leaves and chewed them, and rubbed some blisters on the back of my hand with the juice. It stopped the itching at once, and in less than twenty-four hours the blisters had dried up and become flat. I have not had a blister on me since that time from poison, although I have been frequently exposed to both ivy and sumach, and I have seen others use it with the same good effect."

A Case of Tetanus.

The following brief notes of the treatment of a case of traumatic tetanus are given by Dr. JEWETT, in the *Cin. Lancet and Observer*:

Full notes were taken, but a short resumé of the case will perhaps be all that may be required.

First day of treatment, July 8.—Cathartic and quinine.

Second day.—Quinine and external use of belladonna.

Third day.—Quinine with belladonna, both externally and internally, and for the first time chloral at night to be repeated in case of extreme suffering.

Fourth and fifth days.—Belladonna externally and internally and chloral as above.

Sixth, seventh and eighth days.—Tobacco resorted to; chloral at discretion of patient and attendants.

Ninth day.—Internal use of tobacco discontinued but the external use continued, by spells, as long as tetanic symptoms manifested themselves.

Up to the ninth day chloral was employed as an adjuvant of quinine, belladonna and tobacco—subsequently it was the only remedial agent really relied on, and was continued to the end—doses never greater than 40 grs., and gradually reduced to 30, 20, 10, and even 5 grs. In all, 2920 grs., or ℥vj. ℈ij. were used. The patient had full faith in it—always felt that it did her good.

Tetanic symptoms, indicated at last by slight twitches, did not entirely disappear till August 23.

July 22, she complained of distressing burning in her legs, though the surface was cold. This continued several days, and then she complained of pain and weight of her limbs. Œdema of lower extremities was first *noticed* July 30, and lasted till September 8. She began to sit up August 19, and September 4 was able to go to her meals with her family, and had no recurrence of tetanic symptoms from that time, but she has had repeated attacks of chills and fever.

During the whole treatment nourishment was strenuously insisted on; bowels relieved from time to time by enema; quinine was taken at different times, also wine and whisky, but never in large doses. Tinct. of chloride of iron, with acetate of potassa, were used to a considerable extent during œdema of the lower extremities.

Dr. JOHN DAVIS, of this city, visited Mrs. B. in consultation with us six times, and Luther Jewett, of Lafayette, Indiana, once.

Venereal Disease in Paris.

Dr. CHAS. DRYSDALE, in the *Medical Press and Circular* for June, 1870, gives the following statistics from Dr. LECOUR'S works:

During the three years, 1867-69, the proportion of prostitutes, whether registered or unregistered, who were found to be suffering from venereal disease, is represented by the following figures:

Years.	Registered Prostitutes.	Clandestine Prostitutes.
1867	1 in 78.132	1 in 3.62
1868	1 in 61.485	1 in 3.19
1869	1 in 59.913	1 in 2.16

As M. Lecour says:—"They give the measure of the disastrous influence which clandestine prostitution exercises on the public health."

The evidence now adduced by M. Lecour shows that the police are failing more and more signally to subject the prostitutes of Paris to the system of sanitary serveillance. The numbers on the register during the last four years are as follows:

Years	Prostitutes in brothels.	Prostitutes in private lodgings.	Total.
1865	1,519	2,706	4,225
1866	1,448	2,555	4,003
1867	1,412	2,449	3,861
1868	1,341	2,428	3,769
1869	1,206	2,525	3,731
1870 Jan. 1,	1,066	2,590	3,656

Moreover, it is important to bear in mind, that of the 3,656 on the register, Jan. 1, 1870, about a fourth part were not "*en circulation.*" The whole of the prostitutes registered at that date were then subdivided, as follows:

21 detained on account of crimes or offenses.
213 undergoing punishment.
165 subject to medical treatment in the Infirmary of St. Lazare.
27 subject to medical treatment in various hospitals for non-syphilitic affections.
447 *disappeared.*

873
2,783 in circulation, and subject to sanitary obligations.

3,656

One of the most striking proofs of the resolute resistance with which Paris prostitutes encounter the enforced sanitary *régime*, consists in the fact that nearly as many punishments are endured by them each year as there are registered women "in circulation." The number of cases of punishment, and the number of registered prostitutes "in circulation" during the last five years, are as follows:

Years.	Prostitutes "in circulation."	Cases of Punishment.
1865	3,313	3,267
1866	3,203	3,510
1867	3,167	3,032
1868	2,938	3,208
1869	2,782	2,597

Again, the extent and persistence of the struggle constantly going on between the women and the police is scarcely less decisively attested by the magnitude of the numbers of those annually arrested on the charge of practicing clandestine prostitution. During the last five years those numbers, which we give here, have exceeded 2,000 in each year.

Years	No. of Clandestine Prostitutes arrested.	No. Syphilitic arrested.	Proportion diseased.
1865	2,255	468	1 in 4.82
1866	1,988	432	1 in 4.60
1867	2,018	557	1 in 3.62
1868	2,077	651	1 in 3.19
1869	1,999	810	1 in 2.36

The Treatment of Typhoid Fever by Cold Water.

J. H. TYNDALE, M. D., House Surgeon to the German Hospital, N. Y., writes to the St. Louis *Med. and Surg. Reporter:*

Late researches have developed a method of cure, by the application of which we are enabled to reduce the rate of mortality among typhoid fever patients by from three to five per cent. This method is the treatment of typhoid fever by cold water baths, practiced in the last century, but lately revived by BRAND, of Stettin, and since submitted to a scientific and practical test by a great number of physicians on the continent of Europe. The verdict in favor of this method of treatment of typhoid fever on rational principles has been universal, and attested by numerous and responsible clinical reports, comprising many thousands of cases.

The cold water treatment cannot prevent the natural course of typhoid fever. The natural phases, with their peculiar anatomical changes, will appear in an undiminished degree. Cases of death from perforation of the bowel or hemorrhage have not been diminished any more than if no treatment at all had been prescribed. The cases of death from these causes however, have always been counted as an incomparably small fragments of the total mortality among typhoid fever patients. The principal source of danger for the patient is the *fever heat*, either directly or indirectly, and we are enabled to reduce this unnatural elevation of the temperature of the body, and thereby the degree of danger to the patient, by cold baths.

All the sequels of the feverish overheating of the body are observed to manifest themselves in a lesser degree by the use of cold water baths. Thus, all competent observers are agreed upon the fact that the patient never loses his appetite; on the contrary, takes food during the whole course of the fever, so that extreme emaciation will not ensue, and the patient regain his strength in a shorter space of time from the period of convalesence. Bed sores, so frequent and unavoidable in typhoid fever, have been but rarely observed during the cold water treatment. In short, all secondary complications of typhoid fever have been totally excluded by this method of treatment, and the whole course of the disease has been completed in four weeks.

The general rules to be observed in administering cold water baths are the following:

1. The necessary reduction of temperature is best and most rapidly effected by immersing the whole body.

2. The water should be as cold as can be had.

3. The patient should be bathed as often as the temperature of his body, measured in the rectum, rises to 40° C. (about 104° Farh.) Since the intensity of the manifestations of disease vary much, it may occur that in one case one or two baths in the twenty-four hours will suffice, whereas, in another,

as many as twelve or sixteen will be required in the same space of time.

4. The length of time for each bath must be governed on the one hand by the degree of fever heat, on the other by the temperature of the water used. On the whole, it will be found that in a bath varying from 5° to 10° C., an immersion of from seven to ten minutes will suffice. Should the temperature of the water be above 10° C., the bath is to be continued for fifteen minutes, and if above 15° C., still longer.

No attention needs to be paid to the seeming discomfort of the patient, manifested by complaints, nor to the chill often occurring during the bath, and continuing for some time afterward, as they are of no consequence.

5. After the bath, the patient should be carefully wiped dry (not rubbed), especially his feet and toes. If the water has been of very low temperature, the feet may be enveloped in warm cloths, as many patients complain of pain in the feet after a very cold bath.

Opinions differ as to whether it is best to immerse the patient in a cold bath (say of 10° C.) at once, or to have the water at a temperature more nearly the same as that of the body, and effect a gradual reduction by a slow addition of cold water. NIEMEYER, who may be considered the best authority upon the subject, is in favor of a gradual reduction. With due deference to this opinion, however, I must say that repeated trials have satisfied me that by a sudden immersion in cold water two advantages are gained: first, the reduction of temperature will be greater, more nearly approximating the normal temperature of the body; second, less time will be required, and consequently the patient will be less annoyed. In the cases under our observation we have found from one-half to two hours after sudden immersion the temperature reduced to 38.5° C. (normal), when before the bath it had been from 40° to 40.5° C.

When the temperature of the body has not been above 39.5° C., we have been in the habit of enveloping the patient in wet cold sheets for fifteen minutes. In other cases in which it was desirable to move the patient as little as possible, we have resorted to a sponge-bath of cold water and vinegar. Both methods produce a limited decrease of temperature, not exceeding one degree.

The anti-febrile effect of cold water baths will be materially aided by large doses of quinine. From eight to ten grains of sulphate of quinine, administered every second evening, will surely obviate the necessity of frequent baths on the following day. Large doses, more frequently given, are apt to disagree, as also to lose their effect.

The *thermometer* is indispensable as an aid to the cold water treatment, as without it this method would lack the necessary safety in its application. The rectum is undoubtedly the best point of observation of the thermometer. In five minutes after the introduction of the bulb, the mercury will have reached its maximum height, and no disturbing influence can injure the correctness of observation, as is often the case in the introduction of the bulb into the axilla.

The severer the case, the oftener should thermometrical observations be made. In mild cases, in which even the evening temperature (always higher than the morning temperature) does not exceed 40° C., two or three observations may suffice; whereas, in severer ones, this should be done every two hours, day and night, in order not to miss the right time for the repetition of the bath.

Methods for Determining the Efficiency of Ventilation.

The following is an extract from the Report on the Examination of Air in Barrack-Rooms, by B. F. CRAIG, Acting Assistant Surgeon, U. S. A.:

There are two radically different methods by which the amount of ventilation of a room may be ascertained. One of these is to measure mechanically the quantity of air that enters or leaves it—a measurement which may be made with tolerable accuracy by small anemometers, in those cases where all the air enters or leaves through one or more ventilating shafts or other air passages so placed as to be accessible for purposes of experiment. This condition of things is to be found in buildings in whose construction certain plans of ventilation have been provided for, but is not met with in the quarters usually occupied by United States troops. The other method of measuring ventilation is to determine the amount of vitiation of the air of an apartment occupied by a given number of persons.

In an occupied room the air undergoes various alterations, which for the most part are the results of the passage of portions of it through the lungs of the occupants. The most noticeable of these alterations are those of temperature, of moisture, of the amount of organic matter of various kinds, and of the amount of carbonic acid; and by measuring the extent of any of these changes a basis may be obtained for some sort of calculation as to the rapidity with which the air in the room is renewed. They are very far, however, from giving equally satisfactory means of calculation.

The change of temperature is well marked in a very crowded room in cold weather when there are no artificial sources of heat present, but as a general thing the difference of temperature between the external and the internal air is either too slight or too much dependent upon causes incapable of ex-

act estimation to be made of practical use for determining the amount of ventilation.

The augmentation of the moisture of the air would seem, at first sight, to be of more value as an indicator, as in passing through the lungs the vapor of water in the air is increased, in some cases, as much as seventeen times, or from one to seventeen grains in a cubic foot; and if the methods for the ready estimation of the moisture of the air were sufficiently exact in their results, they could, in dry, cold weather, be advantageously employed in this connection; but, as it is, their accuracy is not great enough for this particular purpose.

The perception by the sense of smell of the presence of organic matter is the usual and the standard test of the fact of insufficient ventilation. For the simple fact of good or bad ventilation, the accuracy of this test is greatly influenced by the temperature, and it is sufficiently delicate only in a tolerably warm room.

When we attempt to determine the amount of organic emanations from the body present in a given space, we find that they are so small in actual mass, and of so complex and so indefinite a character, that they evade to a certain extent the powers of chemical titration.

The measurement of the carbonic acid which is added to the air by animal respiration is much freer from the difficulties above alluded to. The quantity given off is more considerable, as air, in passing through the lungs, has its carbonic acid increased about one hundred times, or from about four parts in ten thousand to four parts in one hundred. Moreover, the chemical affinities of carbonic acid, although comparatively feeble, are well defined, and it is capable of tolerably exact chemical estimation.

In examining the air of soldiers' sleeping apartments, I noted its condition as to organic matter, as far as indicated by its odor, and measured its moisture by means of the improved hygrometer of the Medical Department, but the most important part of the examination was the determination of the carbonic acid.

This was made by the well known process of Pettenkofer, which depends upon the power of solutions of lime and of baryta to absorb carbonic acid from the air, and to precipitate it in an insoluble form. The determination was made both for the external and for the internal air, and it was then assumed, in accordance with the experiments of Mr. Edward Smith, that a sleeping man produces about four-tenths of a cubic foot of carbonic acid per hour, and will therefore increase the amount of it in one thousand cubic feet of air, to the extent of four parts in ten thousand, and in two thousand feet, to the extent of two parts in ten thousand, etc., so that from the percentage of carbonic acid we may infer, by computation, the number of cubic feet of fresh air received per hour for each man. Of course, an allowance is to be made for the amount of air originally contained in the room, and this is determined on obvious principles, by considering the size of the room, the number of its occupants, and the length of time during which it had been occupied by them when the air was collected.

As soldiers are supposed to enter their quarters at a certain hour in the evening, and to remain in them through the night, without materially altering their ventilation, this allowance can be made with approximation to accuracy, in a way which will be shown further on.

A solution of baryta, of carefully measured strength, was employed for the absorption of the carbonic acid, but in some cases circumstances led to the substitution for it of a solution of lime.

The barracks were generally visited, for the purpose of collecting the air, about three hours after the men had gone to bed; but in two or three instances the visit was made shortly before reveille, or after the room had been occupied for about eight hours. In most cases fires were in use in the quarters; and the question may be raised whether the accumulation of carbonic acid may not have been increased by the products of combustion of the fuel. This question, I think, can be answered in the negative, as in all cases the stoves were burning with a very good draft, and the current of air from the fire up the stove-pipe was too quick and steady to leave it at all probable that a diffusion of gasses took place backward into the room.

The first post visited was Fort Adams, in Newport Harbor. The troops there are lodged in casemates 54 feet long by 18 wide, giving 972 square feet floor-space, and with cubic contents of about 10,700 feet.

* * * * * * * * *

Visited at 12:30, night of October 4–5, casemate on western half of southeast front. Number of men in it fifteen, giving to each a floor-space 65 feet, and cubic space of 713 feet. There was a fire in the stove, and the temperature of the room was 69° F., six degrees above that of the external air. The wind was from the southward, blowing obliquely into the mouths of the ventilating openings on the scarp-wall. The air of the room being driven through a jar for a few minutes, 25 cubic centimetres of standard lime-water were put in and the stopper inserted. After a sufficient lapse of time to make the action of the lime-water effectual, the absorption of carbonic acid was determined, and corrections being made for temperature, etc., was found to amount to 9.67 parts in 10,000. The external air received into a jar at the same time yielded 4.08 parts in 10,000. This leaves 5.59 parts' in 10,000 for vitiation of air. As on the supposition that each man produces 0.4 cubic feet of carbonic acid per hour, 5.59 corresponds to a ventilation of 712 feet per man per hour. As the room, however, had been occupied for about three hours, one-third of the entire cubic contents per man is to be subtracted from this apparent ventilation, which will leave 474 cubic feet per man, or $15 \times 474 = 7{,}110$ cubic feet of air passing through the casemates every hour.

* * * * * * * * *

With regard to the general results of the above-detailed examinations, it may be remarked that the amount of air which writers on hygiene have held to be the minimum supply consistent with perfect healthfulness, viz., 2,000 cubic feet per man per hour, was at the posts which I visited, attained only in exceptional instances; but that in most cases an extension and slight modification of the existing systems of ventilation would probably give a sufficient circulation of air. * * * *

MEDICAL AND SURGICAL REPORTER.

PHILADELPHIA, MARCH 25, 1871.

S. W. BUTLER, M. D., D. G. BRINTON, M. D., Editors.

☞ Medical Society and Clinical Reports, Notes and Observations, Foreign and Domestic Correspondence, News, etc., etc., of general medical interest, are respectfully solicited.

Articles of special importance, such especially as require original experimental research, analysis, or observation, will be liberally paid for.

☞ To insure publication, articles must be *practical*, *brief* as possible to do justice to the subject, and *carefully prepared*, so as to require little revision.

We particularly value the practical experience of country practitioners, many of whom possess a fund of information that rightfully belongs to the profession.

The Proprietor and Editors disclaim all responsibility for statements made over the names of correspondents.

TREATMENT OF THE POOR INSANE AT PHILADELPHIA.

We have long been aware that radical improvements are needed in the management of the insane poor of this city, and are glad to give the facts greater prominence for the benefit of all, by making some extracts from a recent report of the Committee on this department.

Much of the existing trouble arises from the crowded state of the house, eight hundred patients being obliged to live and move and have their being in apartments that would be crowded even with half that number. Lodging rooms, scarcely large enough for one, are made to receive three, and in the large associated dormitories, which are provided with proper beds as closely as they can be set against the walls, every foot of room on the floor is also occupied by beds at night. The noise, confusion, mutual irritation, and personal collisions, as well as immediate danger to life and limb, incident to this state of things, may be easily conceived, and no stretch of imagination, we are sure, can exaggerate the actual facts. If patients ever recover, it must be in spite of and not in consequence of their surroundings, for we can imagine no conjunction of circumstances more calculated to exasperate the disease, to excite the excitable, and depress the depressed.

But the present deplorable condition of the insane department does not entirely result from the want of room. Much of it is attributable to arrangements that have no other excuse than a misplaced economy. Here great improvement is practicable if we will but furnish the necessary means.

First and foremost, then, of the evils under which the department is now laboring, is the kind of attendants or nurses who have the immediate care of the patients. These are mostly paupers, inmates of the out-wards, who are required to serve the Almshouse for a few weeks as a quasi compensation for the care and support they have themselves received. It is well understood that much of the success of hospital treatment and much of the comfort of the patients, depends on the attendants. If any service on earth requires some graces of character, moral and intellectual, it is certainly this, for it implies the hourly exercise of patience, forbearance, kindness, gentleness and discretion.

The next crying evil in the condition of the department, is the almost complete lack of employment for the male patients. From morning to night, week in and week out, these four hundred people, many of them active and robust, with nerves and muscles craving exercise, may be seen hovering around the registers, or stretched out on the floors or benches, or moving about uneasily in the narrow limits of their ward. It is an old adage that idleness is the parent of every other vice, and it loses none of its truth when applied to the insane. If there is any one principle of moral treatment now well established, it is that of the paramount and the indispensable necessity of employment. Any institution that does not recognize this principle, and provide suitable means for applying it, is justly regarded as behind the age.

Some of the internal arrangements are not calculated to increase the comfort or self-respect of the patients, and therefore the committee would suggest the necessary change. It should be understood that the insane are laboring under a disease which makes large drafts on the vital energies, and which, consequently, makes them crave and need a generous diet. Every one who has had charge of the insane will confirm the truth of this statement. They will also tell us that under a meagre diet these patients are very liable to diarrhœa, and to the development of any bodily disease to which they may be predisposed, and when attacked by such disease, that their recovery is more slow and tedious. We have no hesitation in saying that their dietary should be equal to that required by the average sane workingman. That is to say, it should embrace animal food at least once a day, some vegetables, besides bread and tea or coffee twice. At present they get animal food but four times a week, and that is always boiled.

We sincerely hope that this bold and just exposition of the deficiencies of the department will lead to some reforms which have been long needed and which were earnestly pressed upon the attention of the Board of Guardians by us for a series of years while in charge of the institution. We are glad to find our views sustained by so able and unimpeachable an authority as that of Dr. ISAAC RAY,

the author of the above extracts. We trust that Dr. Ray will not be discouraged in his efforts at reform in this institution. What is most needed is to separate the insane department from other departments of the Almshouse, as is recommended in Dr. Ray's report, and establish the institution on a farm where a large part of the men can be employed.

THE MEDICAL STAFF U. S. N.

On the last day of the session of the last Congress, the dispute which had so long existed in the naval service between the line and staff, was finally terminated, to the comparative satisfaction of both parties. For many years the question of rank has disturbed the harmony of the service, and in no small degree weakened that *esprit du corps* which is so essential to its efficiency. Congress has been annoyed and wearied with the arguments and complaints of the contestants.

The provisions of the new law give relative and additional rank to the officers of the staff corps of the navy, prescribes the rules of precedence, but adds nothing to the pay of any of the officers.

The Medical Corps.—The law declares that in the different corps on the active list there shall be the following officers: 15 Medical Directors, with the relative rank of Captain; 15 Medical Inspectors, with the relative rank of Commander; 50 Surgeons, with the relative rank of Lieutenant-Commander or Lieutenant; 100 Assistant Surgeons, with the relative rank of Master or Ensign. Assistant Surgeons who have passed their examinations shall have relative rank of Lieutenant or Master. No person under twenty-one or over twenty-six years shall hereafter be appointed an Assistant Surgeon in the navy. All promotions are to be regular and according to seniority.

Staff officers are credited with six years on entering the service. Staff officers, when retired after having served faithfully forty-five years, are to have the rank of Commodore. Others retired before sixty-two years of age for causes incident to the service, have same rank on the retired list as pertained to their position on the active list. Chiefs of Bureaus of Medicine and Surgery, Provisions and Clothing, Steam Engineering, and Construction and Repairs, shall have the rank of Commodore while holding such office.

Commanding officers of vessels on stations shall take precedence of all staff officers under their command, and no staff officer by virtue of his rank shall exercise command or authority in the line of the navy, or in any staff corps or department thereof, except in the corps or department to which he belongs; and shall claim no additional right to quarters on account of his rank. In processions on shore, Courts-martials, Summary Courts, Courts of Inquiry, Boards of Survey, and all other Boards, line and staff officers shall take precedence according to rank. The Executive Officer, while executing orders of the commanding officer, shall take precedence, but ranking staff officers may communicate directly with the commanding officer.

Under this law there is little danger of conflict of authority. Hereafter all ought to go well in the service, as all seemed to be satisfied with the law.

Notes and Comments.

MEDICAL COLLEGE COMMENCEMENTS.

Jefferson Medical College.

The Academy of Music was thronged at noon, March 13, the occasion being the annual commencement of the Jefferson Medical College. The graduates sat in a semi-circular row on the stage, a number of matriculents being in the rear. The Hon. EDWARD L. KING, LL. D., President of the Board of Trustees, being absent unavoidably, Dr. J. R. BURDEN, President *pro tem.*, conferred the degrees upon the graduates. An address was delivered by Dr. ELLERSLIE WALLACE.

Of the graduating class there were from Pennsylvania 64, Ohio 8, New York 6, Maine 4, Kentucky 4, Texas 4, Illinois 3, Tennessee 3, Missouri 3, Mississippi 3, West Virginia 3, Canada 3, Delaware 2, North Carolina 2, Indiana 2, California 2, Nova Scotia 2, Maryland 1, Georgia 1, Michigan 1, Iowa 1, Utah 1; total, 127.

The number of matriculents for the session of 1870-71 was 411, representing thirty-five different States and countries.

University of Pennsylvania.

At noon, March 14th, the annual commencement of the medical department of the University of Pennsylvania took place in the Academy of Music, which was thronged with a large audience of ladies and gentlemen. The faculty, graduates and the students of the college occupied seats on the stage. The music on the occasion was furnished by the Germania Orchestra. After prayer by Bishop STE-

VENS, the degree of Doctor of Medicine was conferred by CHAS. J. STILLE, LL. D., Provost, upon the graduating class, as follows: From Arkansas 1, Colombia, S. A., 1, Chili, S. A., 1, Delaware 2, Ecuador, S. A., 2, Georgia 5, Iowa 1, Kentucky 1, Maryland 1, Massachusetts 2, Mississippi 1, Missouri 2, New Brunswick 1, New Jersey 6, New York 4, North Carolina 3, Ohio 1, Pennsylvania 77, Tennessee, 1 Texas 1, Virginia 3; total, 114.

The valedictory address was delivered by Prof. R. A. PENROSE, M. D.

After performance by the orchestra, a portrait of Professor H. H. SMITH was presented by Mr. A. W. TAYLOR, on behalf of the class, to the trustees, in whose behalf it was received by JOHN C. CRESSON, Esq.

A benediction was then pronounced and the large audience dispersed.

A Word to the Wise.

A valued correspondent asks us to publish the following extract from THOMAS *On the Diseases of Women*, p. 321-2, "for the benefit of whom it may concern:"

"A little reflection will explain how the management of parturient women by British and American practitioners, at least, favors the occurrence of this accident (retroversion.) In the first place, it must be remembered that pregnancy combines in itself two of the influences, which are productive of this condition: increased weight and relaxed support. It is no exaggeration to assert that the usual plan of mangement after parturition supplies one of the others which are mentioned above. The woman lying almost constantly upon her back; the heavy fundus naturally tends to fall backward into the hollow of the sacrum. Many nurses insist upon this position, and often for days refuse the patient the privilege of lying upon the side. But this is not all; many nurses' reputation among ladies rests upon their capacity for "preserving the figure" by tight bandaging. A powerful woman will often expend her whole force in making the bandage as tight as possible to accomplish this purpose. No one who has watched the process can doubt its influence in displacing the uterus by direct pressure. There is no practice connected with the lying-in room to which so much of almost superstition attaches as to the use of the obstetric bandage for preservation of the figure and the prevention of hemorrhage."

Philadelphia Degrees.

Owing to the culpable remissness of those whose duty it is to defend the purity of the degrees of learned institutions in this Commonwealth, Philadelphia degrees are fast becoming the laughing stock of the civilized world. In a recent number, the editor of the English *Independent*, referring to the debate on the University Tests bill, remarks:

"We confess to some lingering prejudice in favor of associating a doctorship of divinity with a knowledge of divinity; but if ministers will go to American medical schools for their D.D.'s, we suppose that must be an unfounded prejudice. Amongst us the degree neither certificates soundness nor profound learning."

The Philadelphia Colleges.

The various colleges of this city closed their commencement season on March 15th, with that of the College of Pharmacy. The following gives the number of graduates at each of the colleges this session:

Philadelphia Dental College	73
Pennsylvania College of Dental Surgery	28
Jefferson Medical College	127
University of Pennsylvania	114
Woman's Medical College	17
Philadelphia College of Pharmacy	60
Total	439

Ozone Developed by Flowers.

Nature extracts from the proceedings of the Institute of Lombardy the result of Prof. MANTEGAZZA'S experiments on this subject. We give a portion: The essences of mint, turpentine, cloves, lavender, bergamot, anise, juniper, lemon, fennel, nutmegs, cajeput, thyme, cherry, laurel, in contact with atmospheric oxygen in light, develop a very large quantity of ozone, equal if not superior in amount to that produced by phosphorous, by electricity, and by the decomposition of permanganate of potash. The flowers of the narcissus, hyacinth, mignonette, heilotrope, lily of the valley, etc., develop ozone in closed vessels. Flowers destitute of perfume do not develop it, and those which have but slight perfume develop it only in small quantities. As a corollary from these facts the professor recommends the use of flowers in marshy districts and in places infected with animal emanations, as the powerful oxidizing influence of ozone may destroy them. The inhabitants of such regions should surround their houses with beds of the most odorous flowers.

"The Double-headed Girl."

Many inquiries having been made in regard to a medical examination of the twin negro children, now, and for some time past on exhibition in this city, we shall in our next, or succeeding number, give a full account of the case, accompanied by two well executed wood cuts.

Dr. HARVEY D. ADAMS, of Mill River, Mass., fell dead from his carriage while riding a few days since from Great Barrington.

J. H. PARKMAN and wife have instituted a libel suit against *The Pacific Medical Journal* of San Francisco, claiming $50,000 damages.

Correspondence.

DOMESTIC.

To Prevent Pitting in Small-pox.

EDS. MED. AND SURG. REPORTER:

Small-pox is more feared by the people for its effects than for its dangers; all persons have a dread of being marked by it. There have been many remedies suggested to prevent pitting—the majority of them being difficult and unpleasant in their application. Pitting rarely occurs upon places of the body excluded from air and light. Pustulation is the result of the eruption exposed to those causes. The indication, therefore, would seem to be to prevent the action of air and light. I have accomplished this in several cases; not only of those of brunette, but blonde complexions; in mild as well as in severe cases of variola and varioloid, by the use of an ointment made of *charcoal* and *lard*, applied freely over the surface of the face, neck and hands—applied as soon as the disease is distinguished, and continued until all symptoms of suppurative fever had ceased. The application allays the itching, and seems to shorten the duration of the disease, and leaves the patient without a blemish; the eruption protected by the ointment not even showing signs of pustulation; the charcoal preventing the action of light, and lard that of air. Of course, during its application the patient does not present a very pleasing appearance, but a temporary disfigurement is preferable to a permanent one.

J. H. BIRD, M. D.

Sioux City, Iowa, Feb. 23, 1871.

Hydrate of Chloral in Neuralgia.

EDS. MED. AND SURG. REPORTER:

I was called early in the morning of January 2, 1871, to see Mr. T. W. I found him suffering with severe infra-orbital neuralgia. The pain was constant and severe; at times it would increase so as to be hardly endurable; he would walk up and down the room, swinging his arms and screaming like a madman. I ordered thirty grains of chloral hydrate in syrup of ginger every half hour, till relieved. The first two doses seemed to have but little effect. A few minutes after the third dose (making a drachm and a half in an hour and a half), he went to sleep. I called again early in the evening and found him still asleep. He awoke about eight o'clock, asked for a drink and more chloral. The nurse gave him thirty grains, after which he went to sleep and slept soundly until morning.

He got up in the morning, free from pain, eat a little breakfast, and wrote several business letters. Soon after, the pain returning, I gave him thirty grains more chloral; he slept most of the day; at 6 o'clock, P. M., gave him thirty grains more, and at seven o'clock applied three foreign leeches, of which he knew nothing when he awoke the next morning.

January 4th, gave him 15 grains at night; pain entirely relieved; a little nervous. From the first I gave him quinine and iron. What remedy in the whole list of medicines could I have used to relieve the pain in this case, with so good a result, and not interfere with the other treatment?

EDWARD NORTH, M. D.

Hammonton, N. J.

A Remarkable Case.

EDS. MED. AND SURG. REPORTER:

Some time last fall I was consulted by Mr. Thos. O'Harra, of this city, born in Ireland, æt. twenty-five years, a strong, robust, healthy man, employed for the last year by a contractor of this city as a teamster. When I first saw him he had a difficulty of the left leg—had been troubled for the last five years. Commenced by swelling gradually, with some pain and tenderness. Kept increasing in size from the first attack; when I first saw him the calf of the leg was double its natural size, presenting a fearful looking indurated tumor; some redness and slight tenderness. He had been treated, before I saw the case, with all the liniments and washes that he could think of. I could not satisfy myself fully what the nature of the difficulty was. His general health and appearance did not indicate a scrofulous disease. I gave him some general treatment, with poultices, iodine, etc., locally, but the case did not improve; tumor kept increasing in size, with more tenderness, getting so he could hardly touch his feet to the floor, and his general health began to be affected. I finally decided to make a free incision into the tumor, thinking that, perhaps, the bone might be implicated. I used an ordinary scalpel, and when in about 2 inches, introduced a probe, and a hard substance was struck, which I was sure was foreign. I then withdrew my probe, and with a pair of bent, slim forceps, I extracted a piece of ordinary window glass 1¾ inches long and ¼ of an inch in width. I again introduced the instrument, and to my astonishment brought out a second piece of glass 1¼ inches long by ¼ inch wide at one end, and tapering to a point at the other. I again introduced the probe, thinking perhaps I had discovered a glass factory, but after a thorough examination could find no more. Upon examination of the pieces I found they had been broken apart either by the instrument or in some other manner. Now, I must say I was astonished that it should be possible for this man to have a fragment of glass of a size (putting both pieces together) equal to ⅜ of an inch in width and 1¾ inches

in length, in his flesh for that period of time. But there is still a greater marvel connected with this case:

Mr. O'Harra has no knowledge whatever of having at any time met with an accident whereby the glass could have been thrust into his flesh, nor does he recollect of ever receiving a wound, at any time, upon that leg or any part of the body. If the man was in the habit of getting drunk the mystery would not be so great. But he has not, nor has he ever, indulged in the use of liquor, but is represented as being an honest, sober, and truthful young man, and his family sustains the same reputation. The parents have no knowledge of any circumstance or accident that could account for the glass getting into the young man's flesh. I am no believer in mysteries and wonders, but there is certainly something a little strange in this case, which I have no doubt might be explained upon scientific investigations. The leg is now nearly well and the tumor almost gone. H. A. SPENCER, M. D.

Erie, Pa., Feb. 26, 1871.

NEWS AND MISCELLANY.

WORDS OF ENCOURAGEMENT.

Dr. B. H. D., Ga.—THE REPORTER is always the first opened when the mail arrives, and I find continual pleasure and benefit from re-reading the back numbers.

QUERIES AND REPLIES.

Dr. C. E. O., Miss.—A new edition of Bartholomew on Hypodermic Injections is in press, and will be mailed as soon as ready.

Dr. R. H. D., Ga.—We would recommend Woodward's Student's Microscope—price $50.

Dr. W. C. S., Ind—Send $2.25, and Napheys's Modern Therapeutics will be sent by mail, postage prepaid.

Dr. G. C. C., Mo.—The *American Journal of Obstetrics* has raised its price to $5. We shall not commute with it any longer.

MARRIED.

DOW—BOGGESS—In Monmouth, Ill., March 2d, 1871, at the residence of the bride's father, by Rev. R. C. Mathews, D. D., DR. S. A. DOW, of Young America, Ill., and Miss Kate, eldest daughter of Hon. H. M. Boggess.

MORSE—DUCAT—At the residence of Gen. Ducat, Evanston, Ind., on the 4th inst., by the Rev. George C. Noyes, Dr. Daniel Morse and Miss Catharine E. Ducat.

PARKER—GUION—Tuesday, March 7, at the residence of the bride's mother, Clermont county, O., by the Rev. Frank Mitchell, A. A. Parker, M. D., of Cincinnati, and Miss Ella S. Guion.

YOUNG—CHURCH—In Lyndon, Jan. 21st, Dr. David S. Young and Miss Lois A. Church, both of Kirby, Vermont.

DIED.

BELCHER—At Albany, N. Y., March 14, Charles S. Belcher, son of Dr. William N. Belcher.

BROWN—In West Charleston, Vermont, February 22, Hattie M., only child of Dr. A. P. and Malora Brown, aged 4 years and 3 months.

CARROLL—At the residence of his daughter, Mrs. D. H. Taylor, at Oakley, March 13th, 1871, Dr. Thomas Carroll, of Cincinnati, in the 77th year of his age.

SEARS—At his residence, Blooming Grove, N. Y., March 4, 1871, of rheumatism of the head, Dr. George H. Sears.

OBITUARIES.

DR. BARTHOLOMEW FUSSELL died February 15th, at Chester Springs. He was born in Chester county, Pa., in 1794, and belonged to a family prominent in the Society of Friends, the ancestors of which emigrated from England to Pennsylvania among the early settlers under William Penn. When a young man, Bartholomew Fussell removed to Maryland, to occupy the position of a teacher, and became prominent as an active opponent of slavery. He taught school during the week, read medicine in the evening, and also established a Sunday-school where classes of over ninety negroes were instructed in the primary branches. He afterward graduated in medicine, and attracted attention by the theory which he advanced, that slavery was the cause of the diseases with which the community was afflicted. Returning to Pennsylvania, Dr. Fussell commenced the practice of medicine, and his house became the shelter of numerous fugitive slaves, 2,000 of whom, it is stated, were aided by him to escape. He was an early advocate of the education of women as physicians, and as far back as 1840 instructed a class of women in medicine. He was also one of the founders of the Women's Medical College in Philadelphia, although not directly connected with that institution.

ALEXANDER EDDY HOSACK, M. D., whose death occurred at Newport, R. I., on March 2d, was born in New York City, on April 6th, 1805, and graduated as Doctor of Medicine at the University of Pennsylvania in 1824. He then proceeded to Paris and passed three years in the medical institutions of that city. Returning to New York, he commenced practice, which, after the death, in 1835, of his father, the celebrated Dr. David Hosack, became very extensive and lucrative. He confined his practice chiefly to general surgery, and was the inventor of several instruments, the use of which facilitates and materially diminishes the hazard of a variety of surgical operations. Dr. Hosack, it is stated, was the first practitioner in New York City who administered ether during a surgical operation. He was for many years the attending surgeon of the Marine Hospital, New York, and was instrumental in establishing the Emigrants' Hospital on Ward's Island. In 1867 Dr. Hosack visited Europe and remained there for several years, until the breaking out of the Franco-German war compelled his return to the United States. He then settled at Newport, R. I., where he died.

DR. T. H. BAKER.

DIED.—At Woster, Ohio, March 5, 1871, T. H. BAKER, M.D. in the 51st year of his age.

At a special meeting of the Wayne County Medical Society, held at the office of Dr. Liggett, Monday evening, March 6th, 1871, Dr. Cunningham, as chairman, stated the object to be to take some action in reference to the death of our co-worker, Dr. T. H. BAKER. On motion a committee, consisting of Drs. Robison, Battles and Barrett, was appointed to draft resolutions expressive of the feelings of the society. They reported as follows:

WHEREAS, It has pleased Almighty God, in His providence, to remove from us by death, our esteemed friend and co-laborer, Dr. T. H. BAKER.

Resolved, That in his death the profession has met with an irreparable loss, science an earnest devotee, his medical brethren a firm friend and counselor, the community a useful and worthy citizen, whose life was a continued sacrifice to the cause of humanity.

Resolved, That we tender his friends and relatives our heart-felt sympathies, and as a mark of respect we will attend the funeral in a body, and wear the usual badge of mourning for thirty days.

Resolved, That a copy of these resolutions be placed on the records of the society, sent to the friends of the deceased, and published in the county papers, the medical journals of the State, and THE MEDICAL AND SURGICAL REPORTER of Philadelphia. J. M. WEAVER, Secretary.